

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE



IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD

2010 MAY 17 PM 12:56

COMMITTEE NAME (Must be same as on Statement of Organization)

Annex for Treasurer

IMPORTANT: Indicate by # type of committee you are reporting for: 5

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. # _____
Logged In _____
Scanned _____
Computer _____
Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Kelly Coined
SIGNATURE OF PERSON FILING REPORT

563-218-6510
TELEPHONE

5-15-10
DATE SIGNED

I AM FILING A May 15th 2010 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

SCOTT

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 13,905.94

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

5,640.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 19,545.94

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

914.90

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 18,631.04

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

___ YES ___ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ _____

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)*Jennellus for Treasurer*

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
3-10-10	ID# CK# 5003	Margaret Tinsman 3541 Kimberly Rd Davenport, Ia 52807-2552		\$ 100.00	<input type="checkbox"/>
3-10-10	ID# CK# 1006	Michael C. Giudici 2712 E. 40th St Davenport, Ia 52804		200.00	<input type="checkbox"/>
3-10-10	ID# CK# 2160	Robert Martin 3111 Felixwood Ave Davenport, Ia 52807		100.00	<input type="checkbox"/>
3-10-10	ID# CK# 1203	James Teron 6917 27th St Ct Moline, Ill. 61265-6923		250.00	<input type="checkbox"/>
3-10-10	ID# CK# 3894	Wayne Montgomery 4232 E 58th St Davenport, Ia 52807		100.00	<input type="checkbox"/>
3-10-10	ID# CK# 5207	Ross Paulsian 389 W Parker Ave SW Walscott, Ia 52773		50.00	<input type="checkbox"/>
3-10-10	ID# CK# 11702	Mary Virginia Hartley 3418 18th St Bettendorf, Ia 52722		50.00	<input type="checkbox"/>
3-10-10	ID# CK# 2182	Dean Rock 4509 Fairhaven Ct Davenport, Ia 52807-1589		50.00	<input type="checkbox"/>
3-10-10	ID# CK# 14068	K. Virgie Dally PO Box 3548 Davenport, Ia 52808-3548		50.00	<input type="checkbox"/>
3-10-10	ID# CK# 12146	Dr. C. J. Barrett 1124 Kimberly Bettendorf, Ia 52722-4107		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1,000.00	
TOTAL (if last page of this schedule)				\$ 1,000.00	

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For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Tennelly for Treasurer

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3-16-10	ID# CK#	Paul Burmeister 4132 N Division Davenport Ia 52806		\$ 25.00	<input type="checkbox"/>
3-16-10	ID# CK#	James Bremer 5181 St Andrews Circle Bettendorf Ia. 52722		150.00	<input type="checkbox"/>
3-16-10	ID# CK#	Robert Chyns 236 Linnwood Ave Davenport Ia. 52803		100.00	<input type="checkbox"/>
3-16-10	ID# CK#	Judy Davidson 2724 Eagle Heights Ct Bettendorf Ia 52722		20.00	<input type="checkbox"/>
3-16-10	ID# CK#	Mary Kueste 1605 W 44th Ct Davenport Ia 52806-3668		25.00	<input type="checkbox"/>
3-17-10	ID# CK#	Roger Jensen 3542 Pennyroyal Rd Port Charlotte FL 33953		25.00	<input type="checkbox"/>
3-17-10	ID# CK#	Douglas Kratz PO Box 3813 Rock Island, IL 61204-3813		100.00	<input type="checkbox"/>
3-17-10	ID# CK#	Mike McAleer 6327 Patrick Point Davenport Ia 52807		100.00	<input type="checkbox"/>
3-17-10	ID# CK#	Steven Sandauer 201 W 2ND Ste. 601 Davenport Ia 52801		100.00	<input type="checkbox"/>
3-17-10	ID# CK#	Richard Kleing 6610 James Rd Bettendorf, Ia 52722		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 670.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)*Fennelly for Treasurer*

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
3-18-10	ID# CK#	<i>Lisa McDermott 23458 312 St Keokuk, Ia 52753</i>		\$ 25.00	<input type="checkbox"/>
3-18-10	ID# CK#	<i>Susan Fieger 28125 225th St Keokuk, Ia 52753</i>		50.00	<input type="checkbox"/>
3-18-10	ID# CK#	<i>Kerry Beyer 27215 E 15th St Davenport, Ia 52807</i>		100.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$175.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Lennelly for Treasurer

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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3-20-10	ID# CK#	Ron May 2322 Kimberly Davenport, Ia. 52807		\$ 50.00	<input type="checkbox"/>
3-20-10	ID# CK#	Joe Smigel 4215 E 58th St Davenport, Ia. 52807		25.00	<input type="checkbox"/>
3-20-10	ID# CK#	Tom Roderer 513 N Stillmore Davenport, Ia. 52802		200.00	<input type="checkbox"/>
3-20-10	ID# CK#	Biel Wallace 5156 Silver Spur Rd Bettendorf, Ia. 52722		100.00	<input type="checkbox"/>
3-20-10	ID# CK#	Leo Kelfort 4312 Kadeo Rd Davenport, Ia. 52806		25.00	<input type="checkbox"/>
3-23-10	ID# CK#	Vickey Conrad 3082 Belmont Rd Bettendorf, Ia. 52722		100.00	<input type="checkbox"/>
3-23-10	ID# CK#	Brock Earnhardt 1738 E 43rd Davenport, Ia. 52807		100.00	<input type="checkbox"/>
3-24-10	ID# CK#	Rob Lick 2819 E 42nd Ct Bettendorf, Ia. 52722		50.00	<input type="checkbox"/>
3-24-10	ID# CK#	Wm Wicke 3547 Deer Ridge Ct Bettendorf, Ia. 52722		25.00	<input type="checkbox"/>
3-25-10	ID# CK#	Pete Pohlmann 235 Fernwood Ave Davenport, Ia. 52803		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 725.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Annexes for Treasures

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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3-24-10	ID# CK#	Tom Habulop 118 7th St Rd Davenport, Ia 52803		\$ 50.00	<input type="checkbox"/>
3-24-10	ID# CK#	John Arnold 3514 Vine St Davenport, Ia 52804		100.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 150.00
\$

TOTAL (if last page of this schedule)

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(for Schedule A)



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Tennelly for Treasurer

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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4-1-10	ID# CK#	Ken Rickman 4208 E 58th St Davenport, Ia 53807		\$ 150.00	<input type="checkbox"/>
4-1-10	ID# CK#	Ken Vanderweil 2525 18th Bettendorf, Ia 52722		50.00	<input type="checkbox"/>
4-1-10	ID# CK#	Kathy Wolfe 4907 Wimbury Davenport, Ia 53807		100.00	<input type="checkbox"/>
4-1-10	ID# CK#	Steve Hervase 2924 E 45th Ct Davenport, Ia 53807		50.00	<input type="checkbox"/>
4-1-10	ID# CK#	Kee Schneider 3133 Canal Shore Dr W. La Claire, Ia		100.00	<input type="checkbox"/>
4-2-10	ID# CK#	Tom Bush 4124 Glendale Blvd Davenport, Ia 53807		100.00	<input type="checkbox"/>
4-2-10	ID# CK#	Mike Hurner 2711 Eagle Heights Ct Bettendorf, Ia 52722		500.00	<input type="checkbox"/>
4-2-10	ID# CK#	Nick Mahion 2170 Hogan Ct Bettendorf, Ia 52722		20.00	<input type="checkbox"/>
4-2-10	ID# CK#	Joe Zostick 3601 S. 1st Elkridge, Ia 52748		50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 1,120.00

TOTAL (If last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Fennelly for Treasurer

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4-2-10	ID# CK#	<i>Nan McVie 4027 Jersey Ridge Rd Davenport, Ia 52807</i>		\$ <i>100.00</i>	<input type="checkbox"/>
4-2-10	ID# CK#	<i>Tom Sundebuch 2138 W Hayes Davenport, Ia 52804</i>		<i>100.00</i>	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ *200.00*

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Annex for Treasurer

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4-20-10	ID# CK#	John Stevenson 5917 Eagle Ridge Rd Bettendorf, Ia 52722		\$ 50.00	<input type="checkbox"/>
4-20-10	ID# CK#	Mike Vondelaar 5831 Eagle Ridge Rd Bettendorf, Ia 52722		100.00	<input type="checkbox"/>
4-20-10	ID# CK#	Tom Ottling 15 Oak Park Dr. Bettendorf, Ia 52722		50.00	<input type="checkbox"/>
4-20-10	ID# CK#	Jeff Goldstein 5076 Lundy Lane Bettendorf, Ia 52722		1,000.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$1,200.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM**COMMITTEE NAME** (Must be same as on Statement of Organization)*Tennellee for Treasurer***STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

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4-29-10	ID# CK#	Tom Helme 6502 Stonehaven Ct Davenport Ia 52807		\$ 50.00	<input type="checkbox"/>
4-29-10	ID# CK#	Kay Wagner 5396 Conchman Rd Davenport, Ia 52722		50.00	<input type="checkbox"/>
4-29-10	ID# CK#	Ryan Beile 6425 W Kimberley Davenport Ia 52806		100.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 200.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Donnelly for Treasurer

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
5-10-10	ID# CK#	<i>Harold Steinke 2515 W Central Park Davenport, Ia 52804</i>		\$ 100.00	<input type="checkbox"/>
5-10-10	ID# CK#	<i>Jay Vondelhaas 6 Sumner Pl Bettendorf, Ia 52722</i>		100.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$200.00

TOTAL (if last page of this schedule)

\$5,640.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES. LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Jennellyn for Treasurer

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (CANDIDATES SEE BELOW & ENTER 1,2,3)	AMOUNT EXPENDED
3-15-10	ID# CK# 418	Postmaster NW Station Davenport Iowa 52806	(1)	\$ 264.00
3-16-10	ID# CK# 420	Results Integrated Marketing Inc 2018 Heart St. Bettendorf, Ia 52722	(1)	650.90
	ID# CK#		()	
	ID# CK#		()	
	ID# CK#		()	
	ID# CK#		()	
	ID# CK#		()	

SUB-TOTAL \$914.90

TOTAL (if last page of this schedule) \$914.90

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Campaign funds may be used only for:

- (1) campaign purposes,
- (2) constituency expenses, and
- (3) educational and other expenses associated with duties of office.

Please insert the applicable number in the purpose column for each expenditure.

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)